



HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2002  
OF THE CONDITION AND AFFAIRS OF THE

Grand Valley Health Plan

NAIC Group Code	(Current Period)	(Prior Period)	NAIC Company Code	95453	Employer's ID Number	38-2396958
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health [ ]		Property/Casualty [ ]	Dental Service Corporation [ ]		
	Vision Service Corporation [ ]		Other [ ]	Health Maintenance Organization [ x ]		
	Hospital, Medical & Dental Service or Indemnity [ ]		Is HMO, Federally Qualified? Yes [ ] No [ X ]			
Incorporated	12/03/1981		Commenced Business	02/05/1982		
Statutory Home Office	829 Forest Hills Ave SE		Grand Rapids, MI 49546			
	(Street and Number)		(City or Town, State and Zip Code)			
Main Administrative Office	829 Forest Hills Ave		616-949-2410-119			
	Grand Rapids, MI 49546		(Area Code) (Telephone Number)			
	(City or Town, State and Zip Code)					
Mail Address	829 Forest Hills Ave SE		Grand Rapids, MI 49546			
	(Street and Number or P.O. Box)		(City or Town, State and Zip Code)			
Primary Location of Books and Records	829 Forest Hills Ave		616-949-2410-119			
	Grand Rapids, MI 49546		(Area Code) (Telephone Number)			
	(City or Town, State and Zip Code)					
Internet Website Address	brownj@gvhp.com					
Statement Contact	Jean Marie Brown		616-949-2410-119			
	(Name)		(Area Code) (Telephone Number) (Extension)			
	brownj@gvhp.com		616-949-			
	(E-mail Address)		(FAX Number)			
Policyowner Relations Contact						
	(Street and Number)					
	(City or Town, State and Zip Code)		(Area Code) (Telephone Number) (Extension)			

OFFICERS

President	Roland Palmer	Secretary	Thomas Schouten
Treasurer	Thomas Schouten		

VICE PRESIDENTS

James Kerby MD

DIRECTORS OR TRUSTEES

Lucille Grimm   Kathy Lentz   Pam Silva   John Miller   Herb Start   Shirley Grice

State of Michigan..... } ss  
County of Kent..... }

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

President	Secretary	Treasurer
Subscribed and sworn to before me this		
day of 2003		
a. Is this an original filing? Yes [ ] No [ ]		
b. If no		
1. State the amendment number		
2. Date filed		
3. Number of pages attached		



## ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Grand Valley Health Plan

### EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Grand Valley Health Plan

## EXHIBIT 4 - HEALTH CARE RECEIVABLES

[illegible]

## EXHIBIT 5 - CLAIMS PAYABLE (Reported and Unreported)

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Grand Valley Health Plan

## EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Grand Valley Health Plan

## EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## EXHIBIT 8 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

## EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

9999999 Totals	0	XXX	XXX	XXX
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EXHIBIT 9 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	219,181		213,930	5,251		5,251
2. Medical furniture, equipment and fixtures .....	3,249,751		3,162,465	87,286		87,286
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. Total	3,468,932	0	3,376,395	92,537	0	92,537



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Grand Valley Health Plan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION		Grand Valley Health Plan		2. DIVISION		(LOCATION)				
NAIC Group Code	BUSINESS IN THE STATE OF Michigan			DURING THE YEAR 2002			NAIC Company Code		95453	
	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
<b>Total Members at end of:</b>										
1. Prior Year .....	20,503	279	18,563				1,661			
2. First Quarter .....	20,071	289	18,121				1,661			
3. Second Quarter .....	19,637	286	17,697				1,654			
4. Third Quarter .....	19,703	272	17,762				1,669			
5. Current Year	19,561	252	17,592				1,717			
6. Current Year Member Months	238,608	3,306	215,199				20,103			
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....	19,974	277	18,014				1,683			
8. Non-Physician .....	60,503	838	54,568				5,097			
9. Total	80,477	1,115	72,582	0	0	0	6,780	0	0	0
10. Hospital Patient Days Incurred	4,010	56	3,616				338			
11. Number of Inpatient Admissions	1,319	18	1,190				111			
12. Premiums Collected .....	39,113,467	568,590	35,240,302				3,304,575			
13. Premiums Earned	39,311,693	568,590	34,974,847				3,768,256			
14. Amount Paid for Provision of Health Care Services .....	37,354,790	515,496	32,658,309				4,180,985			
15. Amount Incurred for Provision of Health Care Services	36,719,346	506,727	32,031,634				4,180,985			



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Grand Valley Health Plan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION		Grand Valley Health Plan		2. DIVISION		(LOCATION)				
NAIC Group Code	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2002			NAIC Company Code 95453			
	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year .....	20,503	279	18,563	0	0	0	1,661	0	0	0
2 First Quarter .....	20,071	289	18,121	0	0	0	1,661	0	0	0
3 Second Quarter .....	19,637	286	17,697	0	0	0	1,654	0	0	0
4. Third Quarter .....	19,703	272	17,762	0	0	0	1,669	0	0	0
5. Current Year	19,561	252	17,592	0	0	0	1,717	0	0	0
6 Current Year Member Months	238,608	3,306	215,199	0	0	0	20,103	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician .....	19,974	277	18,014	0	0	0	1,683	0	0	0
8. Non-Physician .....	60,503	838	54,568	0	0	0	5,097	0	0	0
9. Total	80,477	1,115	72,582	0	0	0	6,780	0	0	0
10. Hospital Patient Days Incurred	4,010	56	3,616	0	0	0	338	0	0	0
11. Number of Inpatient Admissions	1,319	18	1,190	0	0	0	111	0	0	0
12. Premiums Collected .....	39,113,467	568,590	35,240,302	0	0	0	3,304,575	0	0	0
13. Premiums Earned	39,311,693	568,590	34,974,847	0	0	0	3,768,256	0	0	0
14. Amount Paid for Provision of Health Care Services .....	37,354,790	515,496	32,658,309	0	0	0	4,180,985	0	0	0
15. Amount Incurred for Provision of Health Care Services	36,719,346	506,727	32,031,634	0	0	0	4,180,985	0	0	0

SCHEDULE A VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value, December 31, prior year (prior year statement)	1,373,955
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 10	(50,047)
2.2 Totals, Part 3, Column 7	0
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	0
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 13	62,949
4.2 Totals, Part 3, Column 9	0
5. Total profit (loss) on sales, Part 3, Column 14	0
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 11	0
6.2 Totals, Part 3, Column 8	0
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 12	0
8. Book/adjusted carrying value at end of current period	1,386,857
9. Total valuation allowance	
10. Subtotal (Lines 8 plus 9)	1,386,857
11. Total nonadmitted amounts	
12. Statement value, current period (Page 2, real estate lines, current period)	1,386,857

SCHEDULE B VERIFICATION BETWEEN YEARS

1. Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	NONE
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions	
2.2 Additional investment made after acquisitions	
3. Accrual of discount and mortgage interest points and commitment fees	
4. Increase (decrease) by adjustment	
5. Total profit (loss) on sale	
6. Amounts paid on account or in full during the year	
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10)	
12. Total nonadmitted amounts	
13. Statement value of mortgages owned at end of current period	

SCHEDULE BA VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	811,476
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions	
2.2 Additional investment made after acquisitions	0
3. Accrual of discount	
4. Increase (decrease) by adjustment	
5. Total profit (loss) on sale	
6. Amounts paid on account or in full during the year	19,338
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book/adjusted carrying value of long-term invested assets at end of current period	792,138
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10)	792,138
12. Total nonadmitted amounts	
13. Statement value of long-term invested assets at end of current period	792,138

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Grand Valley Health Plan

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Class 1 .....						.0	.0	950,097	94.9		
1.2 Class 2 .....						.0	.0	.0	.0		
1.3 Class 3 .....						.0	.0	.0	.0		
1.4 Class 4 .....						.0	.0	.0	.0		
1.5 Class 5 .....						.0	.0	.0	.0		
1.6 Class 6 .....						0	0.0	0	0.0		
1.7 Totals	0	0	0	0	0	0	0.0	950,097	94.9	0	0
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Class 1 .....						.0	0.0	.0	0.0		
2.2 Class 2 .....						.0	0.0	.0	0.0		
2.3 Class 3 .....						.0	0.0	.0	0.0		
2.4 Class 4 .....						.0	0.0	.0	0.0		
2.5 Class 5 .....						.0	0.0	.0	0.0		
2.6 Class 6 .....						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1 Class 1 .....						.0	0.0	50,820	5.1		
3.2 Class 2 .....						.0	0.0	.0	0.0		
3.3 Class 3 .....						.0	0.0	.0	0.0		
3.4 Class 4 .....						.0	0.0	.0	0.0		
3.5 Class 5 .....						.0	0.0	.0	0.0		
3.6 Class 6 .....						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	50,820	5.1	0	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Class 1 .....						.0	0.0	.0	0.0		
4.2 Class 2 .....						.0	0.0	.0	0.0		
4.3 Class 3 .....						.0	0.0	.0	0.0		
4.4 Class 4 .....						.0	0.0	.0	0.0		
4.5 Class 5 .....						.0	0.0	.0	0.0		
4.6 Class 6 .....						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Class 1 .....						.0	0.0	.0	0.0		
5.2 Class 2 .....						.0	0.0	.0	0.0		
5.3 Class 3 .....						.0	0.0	.0	0.0		
5.4 Class 4 .....						.0	0.0	.0	0.0		
5.5 Class 5 .....						.0	0.0	.0	0.0		
5.6 Class 6 .....						0	0.0	0	0.0		
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Grand Valley Health Plan

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11
Quality Rating per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Class 1 .....						.0	0.0	.0	0.0		
6.2 Class 2 .....						.0	0.0	.0	0.0		
6.3 Class 3 .....						.0	0.0	.0	0.0		
6.4 Class 4 .....						.0	0.0	.0	0.0		
6.5 Class 5 .....						.0	0.0	.0	0.0		
6.6 Class 6 .....						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Class 1 .....						.0	0.0	.0	0.0		
7.2 Class 2 .....						.0	0.0	.0	0.0		
7.3 Class 3 .....						.0	0.0	.0	0.0		
7.4 Class 4 .....						.0	0.0	.0	0.0		
7.5 Class 5 .....						.0	0.0	.0	0.0		
7.6 Class 6 .....						0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Class 1 .....						.0	0.0	.0	0.0		
8.2 Class 2 .....						.0	0.0	.0	0.0		
8.3 Class 3 .....						.0	0.0	.0	0.0		
8.4 Class 4 .....						.0	0.0	.0	0.0		
8.5 Class 5 .....						.0	0.0	.0	0.0		
8.6 Class 6 .....						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Class 1 .....						.0	0.0	.0	0.0		
9.2 Class 2 .....						.0	0.0	.0	0.0		
9.3 Class 3 .....						.0	0.0	.0	0.0		
9.4 Class 4 .....						.0	0.0	.0	0.0		
9.5 Class 5 .....						.0	0.0	.0	0.0		
9.6 Class 6 .....						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Grand Valley Health Plan

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11
Quality Rating per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1 .....	.0	.0	.0	.0	.0	.0	0.0	XXX.	XXX.	.0	.0
10.2 Class 2 .....	.0	.0	.0	.0	.0	.0	0.0	XXX.	XXX.	.0	.0
10.3 Class 3 .....	.0	.0	.0	.0	.0	.0	0.0	XXX.	XXX.	.0	.0
10.4 Class 4 .....	.0	.0	.0	.0	.0	.0	0.0	XXX.	XXX.	.0	.0
10.5 Class 5 .....	.0	.0	.0	.0	.0	(c) .0	0.0	XXX.	XXX.	.0	.0
10.6 Class 6 .....	.0	.0	.0	.0	.0	(c) .0	0.0	XXX.	XXX.	.0	.0
10.7 Totals .....	.0	.0	.0	.0	.0	(b) .0	0.0	XXX.	XXX.	.0	.0
10.8 Line 10.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	0.0
11. Total Bonds Prior Year											
11.1 Class 1 .....	1,000,917	.0	.0	.0	.0	XXX.	XXX.	1,000,917	100.0	1,000,917	.0
11.2 Class 2 .....	.0	.0	.0	.0	.0	XXX.	XXX.	.0	.0	.0	.0
11.3 Class 3 .....	.0	.0	.0	.0	.0	XXX.	XXX.	.0	.0	.0	.0
11.4 Class 4 .....	.0	.0	.0	.0	.0	XXX.	XXX.	.0	.0	.0	.0
11.5 Class 5 .....	.0	.0	.0	.0	.0	XXX.	XXX.	(c) .0	.0	.0	.0
11.6 Class 6 .....	.0	.0	.0	.0	.0	XXX.	XXX.	(c) .0	.0	.0	.0
11.7 Totals .....	1,000,917	.0	.0	.0	.0	XXX.	XXX.	(b) 1,000,917	100.0	1,000,917	.0
11.8 Line 11.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Class 1 .....	.0					.0	0.0	1,000,917	100.0	.0	XXX.
12.2 Class 2 .....						.0	0.0	.0	.0	.0	XXX.
12.3 Class 3 .....						.0	0.0	.0	.0	.0	XXX.
12.4 Class 4 .....						.0	0.0	.0	.0	.0	XXX.
12.5 Class 5 .....						.0	0.0	.0	.0	.0	XXX.
12.6 Class 6 .....						.0	0.0	.0	.0	.0	XXX.
12.7 Totals .....	.0	.0	.0	.0	.0	.0	0.0	1,000,917	100.0	.0	XXX.
12.8 Line 12.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX.	XXX.	XXX.	0.0	XXX.
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	XXX
13. Total Privately Placed Bonds											
13.1 Class 1 .....						.0	0.0	.0	0.0	XXX.	.0
13.2 Class 2 .....						.0	0.0	.0	0.0	XXX.	.0
13.3 Class 3 .....						.0	0.0	.0	0.0	XXX.	.0
13.4 Class 4 .....						.0	0.0	.0	0.0	XXX.	.0
13.5 Class 5 .....						.0	0.0	.0	0.0	XXX.	.0
13.6 Class 6 .....						.0	0.0	.0	0.0	XXX.	.0
13.7 Totals .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX.	.0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX.	XXX.	XXX.	XXX.	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$ ..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.  
(b) Includes \$ ..... current year, \$ ..... prior year of bonds with Z designations and \$ ..... , current year, \$ ..... prior year of bonds with Z\* designations. The letter “Z” means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. “Z\*” means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.  
(c) Includes \$ ..... current year, \$ ..... prior year of bonds with 5\* designations and \$ ..... , current year, \$ ..... prior year of bonds with 6\* designations. “5\*” means the NAIC designation was assigned by the SVO in reliance on the insurer’s certification that the issuer is current in all principal and interest payments. “6\*” means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

Schedule D - Part 1A - Section 2

NONE



SCHEDULE DA - PART 2

Verification of SHORT-TERM INVESTMENTS Between Years					
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year .....	950,259	0	0	950,259	0
2. Cost of short-term investments acquired .....	67,544			67,544	
3. Increase (decrease) by adjustment .....	0				
4. Increase (decrease) by foreign exchange adjustment .....	0				
5. Total profit (loss) on disposal of short-term investments .....	0				
6. Consideration received on disposal of short-term investments .....	0				
7. Book/adjusted carrying value, current year .....	1,017,803	0	0	1,017,803	0
8. Total valuation allowance .....	0				
9. Subtotal (Lines 7 plus 8) .....	1,017,803	0	0	1,017,803	0
10. Total nonadmitted amounts .....	0				
11. Statement value (Lines 9 minus 10) .....	1,017,803	0	0	1,017,803	0
12. Income collected during year .....	12,056			12,056	
13. Income earned during year	13,223			13,223	

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: .....

Schedule DB - Part A - VBY  
**NONE**

Schedule DB - Part B - VBY  
**NONE**

Schedule DB - Part C - VBY  
**NONE**

Schedule DB - Part D - VBY  
**NONE**

Schedule DB - Part E - VBY  
**NONE**

Schedule DB - Part F - Section 1  
**NONE**

Schedule DB - Part F - Section 2  
**NONE**

Schedule S - Part 1 - Section 2  
**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Grand Valley Health Plan

## SCHEDULE S - PART 2

**Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year**

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Grand Valley Health Plan

## SCHEDULE S - PART 3 - SECTION 2

**Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year**

[illegible]

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### Reinsurance Ceded to Unauthorized Companies

[illegible]

Schedule S-Part 5  
Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2002	2 2001	3 2000	4 1999	5 1998
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	333	306	322	255	324
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total medical and hospital expenses.....	36,194	34,393	30,200	34,792	36,262
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	988	800	598	547	482
7. Claims payable.....	3,478	4,114	0	5,416	4,792
8. Reinsurance recoverable on paid losses.....	525	108	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S-PART 6  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 9) .....	4,437,952		4,437,952
2. Amounts recoverable from reinsurers (Line 12) .....	525,219		525,219
3. Accident and health premiums due and unpaid (Line 10).....	987,786		987,786
4. Net credit for ceded reinsurance.....	XXX	525,219	525,219
5. All other admitted assets (Balance).....	1,003,739		1,003,739
6. Total assets (Line 23)	6,954,696	525,219	7,479,915
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	3,478,204	0	3,478,204
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 6).....	735,140		735,140
10. Reinsurance in unauthorized companies (Line 14).....	0		0
11. All other liabilities (Balance).....	905,316		905,316
12. Total liabilities (Line 18).....	5,118,660	0	5,118,660
13. Total capital and surplus (Line 26).....	1,836,036	XXX	1,836,036
14. Total liabilities, capital and surplus (Line 27)	6,954,696	0	6,954,696
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid.....	0		
16. Accrued medical incentive pool.....	0		
17. Premiums received in advance .....	0		
18. Reinsurance recoverable on paid losses .....	525,219		
19. Other ceded reinsurance recoverables .....	0		
20. Total ceded reinsurance recoverables .....	525,219		
21. Premiums receivable .....	0		
22. Unauthorized reinsurance .....	0		
23. Other ceded reinsurance payables/offsets .....	0		
24. Total ceded reinsurance payable/offsets .....	0		
25. Total net credit for ceded reinsurance	525,219		

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## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....

Yes [ ☐ ] No [ ☒ ]
2.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....

Yes [ ☐ ] No [ ☒ ]
3.

Will an actuarial certification be filed by March 1?.....

Yes [ ☐ ] No [ ☒ ]
4.

Will the Risk-based Capital Report be filed with the NAIC by March 1?.....

Yes [ ☐ ] No [ ☒ ]
5.

Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....

Yes [ ☐ ] No [ ☒ ]
6.

Will the SVO Compliance Certification be filed by March 1? .....

Yes [ ☐ ] No [ ☒ ]

APRIL FILING

7.

Will Management's Discussion and Analysis be filed by April 1?.....

Yes [ ☒ ] No [ ☐ ]
8.

Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?.....

Yes [ ☐ ] No [ ☒ ]
9.

Will the Investment Risks Interrogatories be filed by April 1? .....

Yes [ ☒ ] No [ ☐ ]

JUNE FILING

10.

Will an audited financial report be filed by June 1 with the state of domicile? .....

Yes [ ☒ ] No [ ☐ ]

EXPLANATIONS:

BAR CODE:

1.

  
9 5 4 5 3 2 0 0 2 3 6 0 5 8 0 0 0
2.

  
9 5 4 5 3 2 0 0 2 4 6 0 0 0 0 0 0
3.

  
9 5 4 5 3 2 0 0 2 4 4 0 0 0 0 0 0
4.

  
9 5 4 5 3 2 0 0 2 3 9 0 0 0 0 0 0
5.

  
9 5 4 5 3 2 0 0 2 3 9 0 0 0 0 0 0
6.

  
9 5 4 5 3 2 0 0 2 4 7 0 0 0 0 0 0
8.

  
9 5 4 5 3 2 0 0 2 3 3 0 5 8 0 0 0

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